

**SOUTH DAKOTA REAL ESTATE COMMISSION**  
**Change of Association/Address**

Pursuant to SDCL 36-21A-52 and SDCL 36-21A-56, a licensee transferring from one firm to another or a broker, including a restricted broker, changing business locations must notify the Commission on this form and submit a fee of \$15.00 per license, payable to the South Dakota Real Estate Commission, 221 West Capitol, Suite 101, Pierre, SD 57501. **BY COMPLETING THIS FORM THE LICENSE IS TAKEN FROM THE OLD OFFICE DIRECTLY TO THE NEW OFFICE. THE LICENSE IS NOT RETURNED TO THE REAL ESTATE COMMISSION. THIS FORM IS NOT TO BE USED FOR REQUESTING A NEW OR INACTIVE LICENSE. THIS FORM MUST BE FURNISHED TO THE REAL ESTATE COMMISSION WITHIN 10 DAYS AFTER TRANSFER OF THE LICENSE TO THE NEW ADDRESS.**

This form consists of two parts. Part A is to be completed if a licensee is transferring from one firm to another. The steps are to be completed in the order they appear. Part B is to be completed if a responsible broker is moving his/her entire office to a new location.

**A - Change of Association**

**Step 1 - To be completed by new responsible or designated broker**

Name of transferring licensee \_\_\_\_\_

Type of license \_\_\_\_\_ License Number \_\_\_\_\_

Business name \_\_\_\_\_

Business phone number \_\_\_\_\_ Business fax number \_\_\_\_\_

Business address \_\_\_\_\_  
(Street) (Suite No.) (City) (State) (Zipcode)

Mailing address, if different from above \_\_\_\_\_

Name and license number of responsible broker \_\_\_\_\_

I certify that the above information is true and correct. \_\_\_\_\_  
(Signature of new responsible or designated broker) (Date)

**Step 2 - To be completed by releasing responsible or designated broker**

Name and license number of releasing broker \_\_\_\_\_

Business name \_\_\_\_\_

Business Address \_\_\_\_\_

Date license was released to transferring licensee \_\_\_\_\_

I certify that the above information is true and correct. \_\_\_\_\_  
(Signature of releasing responsible or designated broker) (Date)

**Step 3 - To be completed by transferring licensee**

I certify that on \_\_\_\_\_, I delivered my license to my new responsible broker named in Part A.

\_\_\_\_\_  
(Signature of transferring licensee) (Date)

## B. Change of business location

Name and license number of responsible broker \_\_\_\_\_

Name of firm, if different from above \_\_\_\_\_

Firm license number, if applicable \_\_\_\_\_

Old address (street) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zipcode) \_\_\_\_\_

New address (street) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zipcode) \_\_\_\_\_

Mailing address, if different from above \_\_\_\_\_

Effective date of move \_\_\_\_\_ Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

The associates, if any, and their license numbers have also changed as of the above date and are listed below.

\_\_\_\_\_  
(signature of responsible broker)

Name of Licensee	Type of License	License Number

(For additional licensees, attach a separate sheet.)